

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155229		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2011	
NAME OF PROVIDER OR SUPPLIER WOODLANDS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 3820 W JACKSON ST MUNCIE, IN47304			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/28/11</p> <p>Facility Number: 000134 Provider Number: 155229 AIM Number: 100275430</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, The Woodlands was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 99 and had a census of</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0051 SS=E	<p>88 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/02/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 2 of 3 smoke detectors on Hickory hall center were installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires, in spaces served by air handling</p>			K0051	<p>K 051 The Smoke Detectors on Hickory Hall were moved 8/11/11. Residents residing on hickory hall have the potential to be affected. The Maintenance Director will</p>		08/12/2011

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	<p>systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 34 residents on Hickory hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 07/28/11 at 01:45 p.m. with the Maintenance Supervisor, there were two smoke detectors on Hickory hall center installed to the north and south of the nurses' station which were within two feet of an air supply or return vent. Based on interview on 07/28/11 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the two smoke detectors north and south of the nurse's station on Hickory hall center were installed within two feet of an air supply duct in the ceiling which would interfere with the smoke detectors' ability to detect smoke to their fullest capability.</p> <p>3.1-19(b)</p>				<p>add to the monthly Preventive Maintenance schedule inspection rooms and spaces within the facility to determine other smoke detector that may be located within 2 feet of an air supply duct in the ceiling and correct as needed. The Maintenance Director will audit to ensure that smoke detectors are not located within 2 feet of an air supply duct in the ceiling 1 x monthly x 6 months and then quarterly x 2 quarters or until 100% compliance is attained and maintained x 2 quarters. Results of audits will be submitted to the P.I. Committee for review and revision as needed. Completion Date: 8/12/11.</p>		

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K0143 SS=E	<p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer was occurring was separated within a one hour fire barrier enclosure. This deficient practice could affect 22 residents on Southern Pines center hall as well as visitors and staff near the oxygen storage room.</p> <p>Findings include:</p> <p>Based on observation on 07/28/11 at 1:50 p.m. with the Maintenance Supervisor, the fire rating tag found on the corridor door to the oxygen transfer room on Southern Pines center hall indicated it was a twenty minute fire rated door. Based on interview on 07/28/11 concurrent with the observation with the Maintenance Supervisor, it was acknowledged oxygen</p>			K0143	<p>K 143</p> <p>A new 1 hour fire rated door has been ordered for placement on the Southern Pines Oxygen Storage room and is scheduled to be installed 8/17/11.</p> <p>Residents residing on Southern Pines Unit have the potential to be affected.</p> <p>The Maintenance Director will add to the monthly Preventive Maintenance schedule inspection of Fire rated Doors for Oxygen Storage Rooms to ensure that oxygen is properly stored.</p> <p>The Maintenance Director will audit to ensure that 1 hour fire rated doors are in place for Oxygen Storage Rooms 1 x monthly x 6 months and then quarterly x 2 quarters or until 100% compliance is attained and maintained x 2 quarters. Results of audits will be submitted to the P.I. Committee for review and revision as needed.</p>		08/18/2011

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	transfer occurs in the oxygen storage room and the door to the oxygen storage room was a twenty minute fire rated door which would not maintain a one hour fire rated enclosure. 3.1-19(b)				Completion Date: 8/18/11		